



PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	14	Application Number	10/518,309
		Filing Date	12/16/2004
		First Named Inventor	Walter Gerlich
		Art Unit	2833
		Examiner Name	Felix O. Figueroa
		Attorney Docket Number	2002P03697WOUS

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) Replacement drawings
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Remarks**Response to Office Action bearing "date mailed" of 09/26/2005 and four sheets of replacement drawings are being filed.****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	SIEMENS		
Signature			
Printed Name	John P. Musone		
Date	November 17, 2005	Reg. No.	44,961

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Barbara Quinn	Date	November 17, 2005

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PATENT
Attorney Docket No. 2002P03697WOUS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Inventor:	W. Gerlich et al.)	
)	Group Art Unit: 2833
Serial No.:	10/518,309)	
)	Examiner: F. Figueroa
Filed:	December 16, 2004)	

Title: CONTACT DEVICE FOR THE ELECTRICAL CONTACT OF CABLE SHIELDS

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO OFFICE ACTION

In response to the Office Action mailed September 26, 2005, Applicants respectfully submit the following remarks in connection with the above-identified application.